Burnout syndrome at the emergency service

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ABSTRACT:

BACKGROUND: This study aims to determine the comprehension of the burnout level among the health worker.

MATERIAL AND METHODS: We studied 80 health persons working at our hospital. Burnout symptoms were investigated by using a poll. The protocol was self-reported, in orders to obtain as valid data as possible and included the Maslach Burnout Inventory to assess the level of burnout.

RESULTS: In our service 44.7% showed high levels of burnout on emotional exhaustion, 33.2% on depersonalization and 28% on personal accomplishment one. We investigated 13 (32.5%) have been determined to be under serious stress based on the investigation. Four of another health services personnells (10%) involved in serious stress as well (t=1.893; P<.05). 33.4 % showed high levels of burnout on emotional exhaustion, 29.8 % on depersonalization and 23.8 % on personal accomplishment one.

CONCLUSION: Our workers were compared with other hospital workers regarding the Burnout symptoms. Symptoms were more likely to occur in the emergency personals than the other health service workers.

KEY WORDS: Burnout Syndrome, Emergency Services, Emergency Department, Maslach Burnout Inventory, Emotional Exhaustion, Stress.

Introduction

Burnout can be defined as decreased enthusiasm for work, depersonalization, and emotional fatigue. Burnout has been defined as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment. Emergency services are the busiest and the most stressful units of hospitals. The staff of these units might be under the impact of Burnout syndrome because of serious personal stress and emotional problems arising both from lack of physical facilities and problems inherent to the unit per se. Due to insufficient physical conditions and specific emotional problems of the emergency services, health persons may be exposed to Burnout Syndrome caused by serious stress and emotional problems. Nowadays burnout syndrome has been claimed to be the most probable result of inadequate motivation (1). The term 'burnout' was firstly used by Freudenburg in 1975 (2,3). Burnout syndrome is widespread among emergency service personnel. Burnout syndrome manifests itself as loss of enthusiasm for one's job, frustration, and behaving adversely towards patients.

The emergency service personnel are under sustained stress owing to the crowded working environment, severity of the cases treated, and rotational working programs. In addition to these stressful conditions in working places, disturbed social, familial and friendly relationships are the leading predisposing factors of this multifactorial entity (3). In burnout syndrome dissatisfaction with self productivity and his/her own occupation augments and many physical symptoms appear. Burnout can be defined as doctor's perception of patient care and his duty in emergency service as a burden (4). Usually it is the last step of a process manifesting itself as loss of enthusiasm for one's own mission, dissatisfaction and a negative attitude towards the patients who anticipate his/her help. Its manifestations emerge during fourth decade of one's lifetime (5).

Caring for extremely large numbers of patients, death of patients, disturbances in sleep pattern, long working hours are demonstrated to be major stressors. In addition, handling patients presenting with confounding and challenging diagnoses and treatments, problems in professional relations, inadequate supply of hospital resources, messing up with patient's companions, unsafe working environment, difficult and critical judgments play important roles in development of burnout syndrome (5).

The personnells who work in an emergency service are usually facing negative criticism on individual basis concerning emergency service and their personnel. They are rarely exposed to favorable criticism (6).

Material and Method

An inquiry was conducted among 40 staff members working in emergency service and 40 health service personnell randomly chosen from other departments in Haydarpasa Military Teaching Hospital. The age ranges of personel (31 males, 49

EMERGENCY SERVICE BURNOUT SYNDROME RESEARCH QUESTIONNAIRE

YOUR STATUS: Doctor ( ), Nurse ( ), Ambulance Driver ( ), Technician ( )

Your age: Marital status: Date of Graduation:

1. Is patient care a burden for you? Yes ( ) No ( )
2. Is your enthusiasm for work decreased as compared with the first days of work ? Yes ( ) No ( )
3. Are you satisfied with your work? Yes ( ) No ( )
4. Do expired patients influence your daily personal life adversely? Yes ( ) No ( )
5. Do you feel extremely stressed before making difficult and critical decisions ? Yes ( ) No ( )
6. Do you have good sleep? Yes ( ) No ( )
7. Can you be with your friends or your family at least for one mealtime ? Yes ( ) No ( )
8. Do you feel anxious when you can not relieve the pain of a patient with an acute abdomen ? Yes ( ) No ( )
9. Are you always afraid of making a medical error? Yes ( ) No ( )
10. Are you always afraid of having a row with the patient's companions ? Yes ( ) No ( )
11. Is negative attitude towards patients increasing in intensity? Yes ( ) No ( )
12. Does medical equipment in the emergency service effect you negatively ? (Alarms, sirens) Yes ( ) No ( )
13. Does the present rotational duty system affect you adversely? Yes ( ) No ( )
14. Does the stress of contracting HIV, hepatitis etc. from your patients obsess you ? Yes ( ) No ( )
15. Are you afraid of being criticized by the patient or the patient's companions ? Yes ( ) No ( )
16. Do you think that your supervisor or principal would not defend if you were criticized? Yes ( ) No ( )
17. Are you satisfied with your career? Yes ( ) No ( )
18. Are you satisfied with the other departments? Yes ( ) No ( )
19. Does openly performed medical procedures and observation by the doctors from other departments and patient's companions stress you ? Yes ( ) No ( )
20. Does adverse criticism prevent you from performing your profession and make you dislike your task ? Yes ( ) No ( )
21. Do you use alcoholic drinks? Do you use alcohol after every stressful day for relaxation ? Yes ( ) No ( )
22. Do you use alcohol every day? Yes ( ) No ( )
23. Do you smoke? Yes ( ) No ( )
24. Have you ever used narcotic drugs after you started to work in the emergency service ? Yes ( ) No ( )
25. Have you ever experienced problems with your family and close friends in an increasing rate after you started to work in the emergency service ? Yes ( ) No ( )
26. How long would you like to stay in the emergency service? ----------------
27. (If you have responded to 26. question as "I haven't worked or I have worked for less than 3 years") If you have been reimbursed and given an additional leave for burnout, would you change your mind ? Yes ( ) No ( )
28. Has your emotional life worsened after you started to work in the emergency service ? Yes ( ) No ( )
29. What are the three important stressors that affect you most?
1.
2.
3.
30. YOUR RECOMMENDATIONS

Figure 1: An exemplary form of the questionnaire.

females) were between 21 and 42 years. An exemplary form of the questionnaire is presented in Figure 1. The scale used for the determination of the level of burnout is Maslach Burnout Inventory developed by Maslach in 1986. It is a scale consisting of 22 items. Items distributed among emotional exhaustion, depersonalization and personal accomplishment are scored from 0 to 4 on a scale with five subdivisions ranging from "never" to "always." Scoring was done separately for every subdivision of the scale. The responses to questions concerning emotional exhaustion and indifference constitute negative and personal success represent positive statements. Besides, individual impressions were analyzed in order to measure the level of stress. Data obtained from researches were analyzed statistically by using student-t test. For statistical analysis, the statistical software package SPSS 11.01 for Windows (SPSS, Chicago, IL, USA) was used. P<0.05 was accepted as statistically significant.

Results

Nine male (22.5 %) and 31 female (77.5 %) i.e. totally 40 individuals working in an emergency service were studied. The mean age of patients was 23.93 years (SD:± 4.887 years). 11 of them were married (27.5 %) and 29 patients (72.5 %) were single. One personnel attempted suicide and after the incident, he was referred to a psychiatry department. 12 personnel (30 %) were affected with burnout syndrome. Rates of emotional exhaustion, depersonalization, and personal accomplishment were 44.7 %, 33.2 %, and 28 % respectively.

Twenty-two male (55 %) and eighteen female (45 %) patients from other departments of the hospital were also analyzed. Nineteen of them were married (47.5 %) and twenty-one patients (52.5 %) were single. The mean age of patients was 30.67 years (SD:± 3.243 years). Four personnel (10 %) manifested signs of burnout syndrome. Rates of emotional exhaustion, depersonalization, and personal accomplishment were 33.4 %, 29.8 %, and 23.8 % respectively.

Compare of each groups, according to emotional exhaustion were the statistical significant (t=1.893; p<.05). However, according to depersonalization and personal accomplishment there were not any statistical significant (t=0.3040; p>.05: t=0.8081;p>.05). Again, Compare of the patient number with Burnout findings were the statistical significant (t=1.903;p<.05).

Data concerning major stressors of the personnel working in emergency services and other departments of the hospital obtained from responses to the questionnaires are shown on Table 1. As regards to results obtained from this survey, the most frequently observed stress factor in our (n= 27; 67.5 %) emergency service personnel was the contraction of a fatal infection. Inadaptability to environment (n =21; 52.5 %), and adverse incidents (n=20; 50 %) involving patient's relatives ranked second and third in frequency. According to the results obtained from the survey, the personnel of the other departments feared mostly from the stress of being complained (n= 16; 40

Table1. The stress factors among the groups of emergency service and other services.

	Emergency service		Other services	
	n	%	n	%
Critically illness patient	15	37,5	9	22,5
Medical fault	13	32,5	13	32,5
Patient family	19	47,5	11	27,5
Serious infection from patient	27	67,5	9	22,5
Complaint	17	42,5	16	40
Negative criticism	17	42,5	9	22,5
Negative behaviour to patient	17	42,5	9	22,5
Dissociation	21	52,5	7	17,5
Working conditions	20	50	9	22,5
Suicidal thoughts	1	2,5	0	0

%). Medical malpractice (n= 7; 32.5 %) and incidents involving patient's companions (n = 11; 27.5 %) were second and third stress factors respectively.

Discussion

According to a report, one of every 8 doctors (12.5 %) working in emergency services were affected by burnout syndrome (7). Silve et al. analyzed health workers in 3 different groups and reported the rates of burnout syndrome to be 23 %, 30.7 % and 33.3 % respectively (8). Martinez found the incidence of burnout syndrome among hospital workers to be 47.2 ± 7.9 per cent (1). Our results (7 subjects; 31.82 %) are similar to these references. The rates of emotional exhaustion, depersonalization and personal success were reported to be 59.7 %, 36.1 % and 31.2 per cent respectively (9). In a study done by Keller and Koening, reported 53 % of the emergency service doctors stated that they planned to work actively in the emergency service for 10 years, but this rate dropped to 24 % for 20 years (10). In our emergency service, the staffs have voiced similar plans. These results cannot be attributed solely to the burnout syndrome; instead the conduct of authorities towards emergency service workers also plays a role. The emergency service workers are negatively affected by discriminate and biased approaches to the emergency service, which is considered the show room of a hospital.

Although nights, weekends and holidays are considered as spare times reserved for the family, but this is not the case for emergency personnel. Whitley et al stated that unmarried doctors were more deeply depressed than married physicians (11). Our emergency service staff person who attempted suicide and was diagnosed with depressive syndrome after psychiatric examination was also unmarried. In 2001, a study by Cimen analyzed emotional exhaustion and found that unmarried personnel experienced emotional exhaustion syndrome much more intensely than married health workers (12). In our series, the manifestations of burnout syndrome were observed more frequently in emergency service which was occupied greater number of unmarried personnel.

To date there is not any specific defined method available for solving problems which emerged from relations between the physician and the patient and the patient's companions. Most of the patients referred to the emergency service are impatient and nervous, and often have serious health problems This is another stress factor anticipated by emergency service workers, and was the most frequently reported major stress factor in our emergency service (11 patients; 50 %) (13).

Recent studies have demonstrated an increase in aggressive behaviour by patients and companions in the emergency service (3,5). These aggressive acts might comprise personal threats or firing a gun (2). They might complicate the establishment of safety for doctors, nurses, and personnel taking care of the patient (2,5). In our service safety guards and video camera monitoring are available. Patients and their companions have any weapons removed before entering the emergency service.

Another challenge encountered during emergency service procedures is the care of the critical patients. Undiagnosed cases, trauma patients with crush injuries, and nonsalvageable patients (in spite of every effort for their survival) might lead to psychological depression in emergency service workers (2,5,7).

In emergency services, consistently critical decisions are made. Emergency service doctors occasionally are faced with difficult moments owing to inadequate and confounding information (2,7). Since a decision can lead to irreversible errors, this decision-making is one of the greatest risks and can become a major source of stress (2,5). This event was in our emergency service (17 subjects; 42.5 %).

During the burnout process, emergency service personnel start to "wear out" and the quality of patient care deteriorates. This manifests itself with physical and emotional problems and at this stage alcohol and drug dependence can emerge and the incidence of tendency to commit suicide increases (2,5,7). The staff number in our emergency service who attempted suicide was later assigned to another service. Doctors affected with burnout syndrome demonstrate insufficiencies in practical medicine and patient care (2,5,7). The physical signs and symptoms of the burnout process include hypertension, peptic ulcer, gastrointestinal problems, intellectual dysfunction, chronic fatigue owing to sleep disorders, cor onary artery diseases, infertility, and altered immunologic responses (2,5,7).

In study conducted in 1992, 763 emergency service personnel were analyzed and the annual incidence of burnout was found to be 12 % (4). In a study performed by Chopra et al. in consideration of all of the branches, the physician burn out was found to be more frequent than in was known (14).

The emergency service is a stressful, challenging, and busy working environment due to various factors. Corrective measures aimed to improve working conditions and to reduce personnel stress will also increase the quality of the patient's health care. As a result, health care personnel suspected of burnout syndrome must be recognized and treated to prevent any adverse impact on patient care. Continued research in the form of prospective, longitudinal studies will be required to elucidate the consequences of this condition to identify risk factors for its development and to support the design of preventive strategies.

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